U.S.A. SOLE OR JOIN'T DECLARATION FOR ORIGINAL APPLICATION

APPLICATION FOR UNITED STATES PATENT Declaration and Power of Attorney

As a below named inventor, I hereby declare that:

my residence, post office address and citizenship are as stated below next to my name; that

	METHODS OF ORGANISING	INFORMATION		
	described and claimed in the specification:			
	Check one *a. attached hereto. b. filed on as Ap	olication Serial No.	and amended on(if applicable)	
	I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.			
	I acknowledge the duty to disclose informatication in accordance with Title 37, Code of Fedbenefits of the following foreign application(s) fi	eral Regulations, §1.56(a). Under Tit	tle 35, U.S. Code §119, the priority	
	The following applications for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s):			
	If there are no corresponding applications, insert "NONE".			
	I hereby appoint the following as my attorn this application and to transact all business in the	I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute his application and to transact all business in the Patent Office:		
	James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024; Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411 and Edward P. Walker, Reg. No. 31,450			
	ALL CORRESPONDENCE IN CONNECT BERRIDGE, P.O. BOX 19928, ALEXANDRIA	rion with this application , virginia 22320, telephone	SHOULD BE SENT TO OLIFF & (703) 836-6400.	
	I hereby declare that I have reviewed and u herein of my own knowledge are true and that al further that these statements were made with the able by fine or imprisonment, or both, under Sec statements may jeopardize the validity of the app	I statements made on information an knowledge that willful false statement tion 1001 of Title 18 of the United St	d belief are believed to be true; and ents and the like so made are punish- ates Code and that such willful false	
	Typewritten Full Name of Sole or First Inventor GRAHAM	CHRISTOPHER OXLAND	MURRAY -	
	C	iven Name Middle Initial	Family Name	
4	4 Inventor's Signature	Moline	er.	
5	5 Date of Signature	DECEMBER 28	2001	
		Month Day	Year	
	Residence St Ives	New South Wales	Australia	
	City Citizenship Australian	State or Province	Country	
	Post Office Address 75 Waterhouse Avenue, St Ives, New South Wale			
	Post Office Address 75	Waterhouse Avenue, St Iv	es, New South Wales	

^{*}This form may be executed only when attached to the specification (including claims) at the end thereof if Box a. is checked.

^{**}Note to Inventor: Please sign name on line 4 exactly as it appears in line 3 and insert the actual date of signing on line 5.